Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3. Date: 3-23-07 Address: 34-32500 County: Type of Laboratory Seizure (check one) Seizure Location (check all that apply) Operational Lab Residence Hotel/Motel AChemical/Glassware/Equipment (only) Outbuilding Open – No Structure Dumpsite (only) Vehicle Other: Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Rcd Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): _____ Anbydrous Ammonia: _____ Hydrochloric Acid Gas Generator(s): Corrosive Acid: BASEMEN Corrosive Base: Other (item and location): Child under age 18 discovered (check one) Investigative Information ___ (number present) YesEphedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip "If yes, fax report to Child Protective Services Other: SETACH WAREAM This report is to be faxed to the following agencies that serve the location: Fire Department: PLATALER Fax: 8/2-687-7360 Health Department: Dates courty Fax: 8/2-254- 2643

Child Protection Service: Daviss County

Fax: **812-259**-

For further information regarding this methamphetamine laboratory, contact Investigating Officer: Phone Eld dor Mohn

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.